Fill in this information	to identify your case:	
Debtor 1	Reginald Albert Benjamin	
Debtor 2 (Spouse, if filing)	Lindsey Rae Benjamin	
United States Bankrup	otcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number 1:2	24-BK-01762-HWV	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form	n 106I	13 income as of the following date: MM / DD/ YYYY

Jiliciai Foitti Tubi

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

١.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status*	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status*	☐ Not employed	☐ Not employed
	employers.	Occupation	technician	Registered Nurse
	Include part-time, seasonal, or self-employed work.	Employer's name	Mack Trucks	Aveanna Healthcare AS
	Occupation may include student or homemaker, if it applies.	Employer's address	Attn: Payroll Department 8003 Piedmont Triad Parkway Greensboro, NC 27409	400 Interstate North Parkway SE, Suite 1600 Atlanta, GA 30339
		How long employed the		ional Employment Information

Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,915.85 6,278.83 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 626.08 0.00 3. Calculate gross Income. Add line 2 + line 3. 6,904.91 6,915.85

Official Form 106I Schedule I: Your Income page 1 Case 1:24-bk-01762-HWV Doc 40 Filed 10/22/24 Entered 10/22/24 13:23:02 Desc

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Main Document

Case number (if known)

1:24-BK-01762-HWV

					Fo	r Debtor 1		or Debtor on-filing s		se
	Copy	y line 4 here	4.		\$_	6,904.91	\$		915	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	1,724.02	\$	1.	660	.60
	5b.	Mandatory contributions for retirement plans	5b	١.	\$	0.00	\$.00
	5c.	Voluntary contributions for retirement plans	5c.	:.	\$	372.84	\$		0	.00
	5d.	Required repayments of retirement fund loans	5d	l.	\$	177.41	\$		0	.00
	5e.	Insurance	5e	٠.	\$	121.33	\$		0	.00
	5f.	Domestic support obligations	5f.		\$	351.00	\$		0	.00
	5g.	Union dues	5g	١.	\$	0.00	\$		0	.00
	5h.	Other deductions. Specify:	5h	.+	\$_	0.00	+ \$		0	.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,746.60	\$	1	660	.60_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,158.31	\$	5	255	.25
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		0	.00
	8b.	Interest and dividends	8b		\$ -	0.00	\$.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			Ψ_ \$		\$.00
	8d.	Unemployment compensation	8d		\$-	0.00	Ф \$.00
	8e.	Social Security	8e		\$ -	0.00	φ \$.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$	0.00	\$.00
	8g.	Pension or retirement income	8g	١.	\$	0.00	\$		0	.00
	8h.	Other monthly income. Specify: Overwithholding Adjustment	_ 8h	ı.+ —	\$_	135.88	+ \$		135	.88_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	135.88	\$		13	5.88
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,294.19 + \$		5,391.13	= \$	9,685.32
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							\$_	9,685.32
										nbined nthly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						11101	miny income
		No.								
		Yes. Explain:								

Case number (if known) 1:24-BK-01762-HWV

Official Form B 6I Attachment for Additional Employment Information

Spouse	
Occupation	·
Name of Employer	Excel Companion Care
How long employed	
Address of Employer	400 Horsham Road, Suite 130
. ,	Horsham, PA 19044

Desc

	in this is former							
FIII	in this informa	ation to identify yo	our case:					
Deb	tor 1	Reginald Albe	ert Benjar	min			k if this is: An amended filing	
	otor 2 ouse, if filing)	Lindsey Rae	Benjamin				A supplement show	ving postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: MIDDLE	E DISTRICT OF PENNSYL	_VANIA	_	MM / DD / YYYY	
1	e number 1:	:24-BK-01762-ŀ	HWV					
S	chedule	orm 106J • J: Your						12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par	<u> </u>	ribe Your House						
1.	Is this a joi	nt case?						
	□ No. Go to							
	_	es Debtor 2 live	in a separa	ate household?				
	■ N	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debt	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		3	Yes
					0		0	□ No
					Son		6	■ Yes □ No
								☐ No
								□ No
								☐ Yes
3.	expenses of	penses include of people other t d your depende	han $_{m \Box}$	No Yes				
exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance in luded it on <i>Schedule I:</i> Y			Your exp	enses
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	4. \$		2,291.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				ipkeep expenses		4c. \$		150.00
5.		eowner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٥.		ogago payiii	, o. y c		ino oquity lourio	σ. ψ		0.00

Official Form 106J Schedule J: Your Expenses page 1

Deb	tor 1 Reginalo	d Albert Benjamin						
		Rae Benjamin	Case num	ber (if known)	1:24-BK-01762-HWV			
6.	Utilities: 6a. Electricity	, heat, natural gas	6a.	¢	250.00			
		r, neat, natural gas ewer, garbage collection	6b.	·	350.00 130.00			
	-			·				
	•	e, cell phone, Internet, satellite, and cable services	6c. 6d.		371.00			
7.		sekeeping supplies		\$	0.00			
7. 8.		children's education costs	7. 8.	·	1,585.00			
o. 9.		dry, and dry cleaning	o. 9.		800.00			
-	_	products and services	9. 10.	·	150.00			
	Medical and de		10.	·	222.00			
		Include gas, maintenance, bus or train fare.	11.	Φ	180.00			
12.	Do not include of		12.	\$	540.00			
13.		clubs, recreation, newspapers, magazines, and books	13.	\$	229.00			
		tributions and religious donations	14.		0.00			
	Insurance.			·	0.00			
		nsurance deducted from your pay or included in lines 4 or 20.						
	15a. Life insura	ance	15a.	\$	0.00			
	15b. Health ins	surance	15b.	\$	0.00			
	15c. Vehicle in		15c.	\$	368.00			
	15d. Other inst	urance. Specify:	15d.	\$	0.00			
16.	Taxes. Do not in	nclude taxes deducted from your pay or included in lines 4 or 20.						
	Specify:		16.	\$	0.00			
17.		lease payments:	4-	•				
	. ,	nents for Vehicle 1	17a.	· · · · · · · · · · · · · · · · · · ·	277.00			
	. ,	nents for Vehicle 2	17b.		341.00			
		ecify: Student Loans	17c.	·	765.00			
	17d. Other. Sp	·	17d.	\$	0.00			
18.		s of alimony, maintenance, and support that you did not report as		\$	0.00			
10		your pay on line 5, Schedule I, Your Income (Official Form 106I). is you make to support others who do not live with you.	10.	\$	0.00			
13.	Specify:	s you make to support others who do not live with you.	19.	Ψ	0.00			
20	. ,	perty expenses not included in lines 4 or 5 of this form or on Sch		our Income				
20.		s on other property	20a.		0.00			
	20b. Real esta		20b.		0.00			
		homeowner's, or renter's insurance	20c.	·	0.00			
		nce, repair, and upkeep expenses	20d.	·	0.00			
		ner's association or condominium dues	20e.	·	0.00			
21	Other: Specify:			+\$	50.00			
	Carrott Opcomy.	1 01 0001			30.00			
22.	•	monthly expenses						
	22a. Add lines 4			\$	8,799.00			
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$				
	22c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	8,799.00			
22	Calculate vers	monthly net income.						
۷۵.	•	12 (your combined monthly income) from Schedule I.	23a.	\$	0.695.22			
		ir monthly expenses from line 22c above.	23a. 23b.	·	9,685.32			
	23b. Copy you	ii monuny expenses nom ine 220 above.	۷۵۵.	-φ	8,799.00			
	23c Subtract v	your monthly expenses from your monthly income.						
		t is your monthly net income.	23c.	\$	886.32			
		•						
24.		an increase or decrease in your expenses within the year after y						
		ou expect to finish paying for your car loan within the year or do you expect you e terms of your mortgage?	ır mortgage	payment to incre	ease or decrease because of a			
	_	stemis or your mortgage:						
	■ No.	Evaloin horas						
	☐ Yes.	Explain here:						